

RECEIVED
FEC MAIL CENTER
2015 JUL 27 AM 7:11

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

ADDRESS (number and street)

PO BOX 721



Check if different
than previously
reported. (ACC)

BEECH GROVE

IN

46107

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00522474

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report,
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on



in the
State of



(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on



in the
State of



5. Covering Period

04

07

2015

through

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

J D MINNEAR

Signature of Treasurer

J D Minnear

Date

07

15

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Report Covering the Period:

From:

64' 01' 2015

To:

06' 30' 2015

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2015 | | 0 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 01 | |
| (c) Total Receipts (from Line 19) | 1350.00 | 1569.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1350.01 | 1569.00 |
| 7. Total Disbursements (from Line 31) | 1354.34 | 1573.33 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | (433) | (433) |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 18843.75 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Report Covering the Period:

From:

04 / 01 / 2015

To:

06 / 30 / 2015

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....
(ii) Unitemized
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1,000.00

1,000.00

350.00

569.00

1,350.00

1,569.00

- (b) Political Party Committees
(c) Other Political Committees (such as PACs).....
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1,350.00

1,569.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

- (b) Levin Funds (from Schedule H5).....

- (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1,350.00

1,569.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1,350.00

1,569.00

Page 4

COLUMN B
Calendar Year-to-Date

-

-

- 157333

- 157333

-


-


- 

-

-

-

- 


- 


- _____


-

- 100

-

- 

- 

- 

-

- _____

- 1573.33

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

- 157333

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 1350.00 | 1569.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1350.00 | 1569.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1354.34 | 1573.33 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1354.34 | 1573.33 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

A. SUMNER, BILLIE

Mailing Address

633 YOSEMITE DR

City

INDIANAPOLIS

State

IN

Zip Code

46217

FEC ID number of contributing
federal political committee.

IC

Name of Employer

SE

Occupation

FINANCE

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

MM / DD / YYYY
05 / 08 / 2015

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

IC

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

IC

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1,000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

SPEEDWAY

04 29 2015

Mailing Address

105 CHURCHMAN AVE

City

BEECH GROVE

State

IN

Zip Code

46107

Purpose of Disbursement

GAS

Candidate Name

Amount of Each Disbursement this Period

35.00

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

CULVERS

04 30 2015

Mailing Address

5020 W 71ST ST

City

INDIANAPOLIS

State

IN

Zip Code

46268

Purpose of Disbursement

MEALS

Candidate Name

Amount of Each Disbursement this Period

41.49

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

SPEEDWAY

05 06 2015

Mailing Address

105 CHURCHMAN AVE

City

BEECH GROVE

State

IN

Zip Code

46107

Purpose of Disbursement

GAS

Candidate Name

Amount of Each Disbursement this Period

50.00

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

126.49

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

A.

WALMART

Date of Disbursement

05/06/2015

Mailing Address

4650 S EMERSON AVE

City

INDIANAPOLIS IN 46203

Purpose of Disbursement

SUPPLIES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

48.79

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

B.

YEN CHIN

Date of Disbursement

05/05/2015

Mailing Address

9150 MICHIGAN RD

City

INDIANAPOLIS IN 46268

Purpose of Disbursement

MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

28.62

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

C.

GODADDY

Date of Disbursement

05/11/2015

Mailing Address

14455 N HAYDEN ROAD

City

SPRITS DALE AZ 85260

Purpose of Disbursement

WEBSITE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

69.98

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

147.39

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

A.

MCL

Mailing Address

2370 W 86TH

City

INDIANAPOLIS

State

IN

Zip Code

46260

Purpose of Disbursement

MEALS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

05/11/2015

Amount of Each Disbursement this Period

2891

B.

CHILIS

Mailing Address

1201 N US Hwy 31

City

GREENWOOD

State

IN

Zip Code

46142

Purpose of Disbursement

MEALS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

05/11/2015

Amount of Each Disbursement this Period

24.00

C.

SPEEDWAY

Mailing Address

105 CHURCHMAN AVE

City

BEECH GROVE

State

IN

Zip Code

46007

Purpose of Disbursement

GAS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

05/15/2015

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1129.1

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

A. RICK TRADER

Date of Disbursement

05/20/2015

Mailing Address

766 MAPLE RD

City

DEOTFORD

State

IN

Zip Code

08096

Purpose of Disbursement

RADIO SHOW

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

50000

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Blueberry Hill

Date of Disbursement

05/20/2015

Mailing Address

7805 E WASHINGTON ST

City

INDIANAPOLIS IN

State

Zip Code

46219

Purpose of Disbursement

MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7855

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. SPEEDWAY

Date of Disbursement

06/04/2015

Mailing Address

105 CHURCHMAN AVE

City

BEECH GROVE IN

State

Zip Code

46107

Purpose of Disbursement

GAS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4400

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

57255

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

A.

INRA

Date of Disbursement

06/11/2015

Mailing Address

PO Box 721

City

BEECH GROVE

State

IN

Zip Code

46107

Purpose of Disbursement

ADMIN SUPPORT

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8000

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

VERIZON

Date of Disbursement

06/12/2015

Mailing Address

653 E 82ND ST

City

INDIANAPOLIS

State

IN

Zip Code

46250

Purpose of Disbursement

PHONE + UTILS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

39900

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

REGIONS BANK

Date of Disbursement

06/30/2015

Mailing Address

3820 S EMERSON AVE

City

BEECH GROVE

State

IN

Zip Code

46107

Purpose of Disbursement

FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1500

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

39500

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

MOORE, JENNIE

Mailing Address

7011 LANTERN RD

City

INDIANAPOLIS

State

IN

ZIP Code

46256

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

11,000.00

11,000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

11/15/2012

12/31/2015

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

11,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

GEORGE HERMS

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

259 SIOUX CIRCLE

City NOBLESVILLE

State IN

ZIP Code 46062

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

80000

80000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03 10 2013

12 31 2015

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

80000

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2015-07-27 00:00:00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPERPAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

BROWN, DONNA M

Election:

☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address

5720 PORT AU PRINCE, APT B

City INDIANAPOLIS State IN ZIP Code 46224

Original Amount of Loan

7000.00

Cumulative Payment To Date

1172.33

Balance Outstanding at Close of This Period

5827.67

TERMS

Date Incurred

06/20/2013

Date Due

07/01/2014

Interest Rate

% (apr)

Secured:

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

5827.67

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

BROWN, DONNA M

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

5720 PORT AU PRINCE, APT B

City

INDIANAPOLIS

State

IN

ZIP Code

46224

Original Amount of Loan

150000

Cumulative Payment To Date

60000

Balance Outstanding at Close of This Period

90000

TERMS

Date Incurred

09/23/2013

Date Due

09/23/2016

Interest Rate

% (apr)

Secured:

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

90000

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2015-07-27 03:00:13

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HUNTINGTON (FIRST DATA)

Nature of Debt (Purpose):

Mailing Address

3805 S EMERSON AVE

City

State

Zip Code

INDIANAPOLIS

46203

Outstanding Balance Beginning This Period

316.08

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

316.08

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

2) TOTALS This Period (last page this line number only)..... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

316.08

18,527.67

18,843.75

2015-07-27 09:00:00 AM

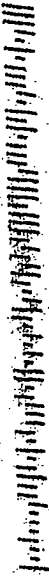
7051 121
KDE 920219 11' 46107



\$001.70⁰


02 1P
0000543957 JUL 15 2015
MAILED FROM ZIP CODE 46038

FEDERAL ELECTION COMMISSION
999 E ST, NW
WASHINGTON, DC 20463



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

| | |
|--|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> USPS First Class Mail | Postmarked 7/15/15 Date of Receipt 7/27/15 |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |


PREPARER
(3/2015)

7/27/15
DATE PREPARED

2015-07-27 00:00:00